MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13	DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOT W. FRESTON STREET, BACHMORE, MARTEAND 2120	/1
FOR STATE	1	15434 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	34
HEALTH DEPT. M		PLACE OF DEATH  2. USUAL RESIDENCE (Where defended lived, if institution) Residence a. STATE  b. COUNTY  MARYLAND	Metore admission)
delay is ond 3 ta 13. Page Iment of the death.	1	CITY OR TOWN (If autside corporate limits, write RURAL and give wing RURAL and give wing RURAL and give works town).	negrest tawn)
Ph Ph after after	H	S: NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give streng address)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ages 1, h farm h farm h farm	3	NAME OF 100 First Middle 1 Last 14. DATE Month	YES NO Year
		DECEASED PROPERTY OF DEATH // 23	1966
rs after of 18. Give e along very with the attention of with the attention of within the attention of the attentio	S.		YEAR IF UNDER 24 HRS. Days Haurs Min.
haun Item Offic I and ever	10a duri		ZEN OF WHAT
thin ninel ninel page in a	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	0.71
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?  S, no, or unknown) (Iff yes give war or dates of service)  Address  Address	y ander, his
d be executed "pending" in Chief Medical Etransit perretire, ar remaval, et a.		18. CAUSE OF DEATH (Enter anly one cause per King far (a), (b), app (c).)	INTERVAL BETWEEN
"pe hief ansit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coulties trasentar Count Mean	ONSET AND DEATH
wor the rrial-		Canditians, if any, which gave ) (b)	
o ± +		rise to immediate cause (a), stating the underlying cause last.	
writ writ urwar used buria	NO	PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)	19. WAS AUTOPSY PERFORMED?
at to to	CERTIFICATION	200 EXTERNAL CAUSE WAS - 2019 DESCRIBE HOW INJURY OCCURRED. (Enter nature of indury in Part I of Part II of Item/8.)	YES NO
INER: TI be certifica shauld be files. 3 shauld I		PRIMARY ar CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Hame form) 20d. ACT of the control	Calif Mg
AM aur age age	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20d. INJURY OCCURRED 20d. INJURY (Hame form, p.m. // 2) 1966 at work at work 20d. Injury occurrence at work 20d. Injury occurren	Tald (State)
P P P at at at		'21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry,	and in my apinian
METAL EX lease execut directar. Pag stained for y DIRECTOR: Po designated		death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
ts of d be		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D	22. DATE SIGNED
O DEPUTY MESTAL B necessary, please exect the funeral directar. Po 5 may be retained for O FUNERAL DIRECTOR: Health or its designate		NAME (Type) 7, V. ARD Address (Street, city, town, or county)	-5/66
the the	230	TEMOVALISACION 11/29/65 FT LINCOLA BLACENS DO.	county) (Stote)
VR A15ME 31 6M 1/66	JA.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIG	

HEALTH DEP PM3. Page any delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta and 2 with the State Department of event within 72 haurs after death. the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm This certificate should be executed within 24 haurs after death. If 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File necessary, please execute the certificate, writing the ward "pending" TO DEPUTY MEDICAL EXAMINER:

Health ar its designated agent, priar ta burial, crematian, or remaval, and

	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15435
1.	PLACE OF DEATH OCCUUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside o. STATE b. COUNTY	ence before odmission
	b. CITY OR TOWN (If outside exporate limits)  c. LENGTH OF STAY IN 16  wind RURAL and sive peoples town?	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve neorest town)
	07	Jennenck	04.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
			YES NO
	NAME OF DECEASED (Type or print) The First Might H	Lost 4. DATE Month OF DEATH	12 1906
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	HOLL 19, 92 9. AGE (In years IF UNDER Months Worth	Doys Hours Min.
10g dy	HIVAL OCCUPATION (Give Lind of work done into more) 10b. KIND OF BUSINESS OR INDUSTRY		OUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAID N NAME	1
V	Villiam Boyd	Mary Priscilla Dalryup	10
15 (Y	es no prupi nown) (If yes give wor or dotes of service)	RSJOGUT. EUNIS YIZNAddryss	1
	18) WW. 1816 20 0010	Au	napolis Mid.
	18. CAUSE OF DEATH (Enter only one couse per lint for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	reek	ONSET AND DEATH
	9000 DUE TO 7		X
	Conditions, if ony, which gove rise to immediate couse (a),	e coming aronale	aur/
	stoting the underlying couse DUE 10		
	lost. (c)		Lio wie Hizoney
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY LYOF CONTRIBUTING CAUSE OF PEATH.	(Enter noture of injury in Port I or Port II of item 187)	I fruit
MEDICAL		(CE OF INJURY (Home, form, 1904) (City or lower) (Co	ounty) (Stote)
	21. I certify that I taak charge of the remains described above, he	eld an Autapsy 🔲 , Inspectian 🔲 , Inquiry 🔲 ,	and in my apinian
	death resulted frame Natural/causes [7], Accident [7], Suid	cide 🔲, Hamicide 🔲, Undetermined manner 🛭	
	ACTUAL ATTION	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE // CENTO	M.D. ASSISTANT MEDICAL EXAMINER L	22. VAJE SIGNED
	EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, br county)	111460
	BURIAL (REMATION, REMOVAL (Specify)  NOV 15 1966 Reddy Bloff	Aunopolis A	(County) (Stote)
24	Bernard O Hardesty Fidles un	250. REC'D BY REGISTRAR 25b. REGISTRAR'S  DATE NOV 2 2. 1866 RCL	signature ander Judge

VR A15ME (5)

oter

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE DEPT PM3. Page delay is 2, ond 3 to

s lond 2 with the State Department of y event within 72 hours ofter death. Heolth or its designoted agent, prior to burial, cremotion, or removal, and 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File 6

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

VR A15ME (5)

	1543	36	MED	ICAL EXAMINER'	CERTIF	ICATE C	F DEATH	1	1	543	6	
1.	PLACE OF DEATH				2. USUAL o. STA	TE		l lived, if institut	NTY			n)
	Cal	vert		MARYLAND	0. 31A	Mary	land	0. 000	Ca	lver	t	
	b. CITY OR TOWN (	tf autside carparate lim	its,	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If a	utside corporate	limits, write RU	RAL ond give	neorest to	own)	
		rederic.		93 days		Prin	ce Fre	ederic	k	04.	/	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If I	nat in hospitol, g	give street address)	d. STREET	ADDRESS				e. I	S RESID	IENCE ARM?
L	Calvert	: County :	Hospit	al						YES		NO X
3.	NAME OF DECEASED	-	irst	Middle	Lo		4. DATE OF	Mani	th	Doy	Yeo	ır
L	(Type ar print)	Ma	ry	Drusill			DEATH	11		11		66_
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF			AGE (In years lag bithday)	Months 1		Hours	24 HRS.
I	emale	White	WIDOWED	DIVORCED	3-17			y15.		,		
	a. USUAL OCCUPATION	N (Give kind of work don		ND OF BUSINESS OR DUSTRY		,	ar fareign cou	ntry)		IZEN OF W		
u	retire	d-housew	ife "	there make	≰ Ma	rylar	nd		) [	UNTRY?	7.	
13	B. FATHER'S NAME				14. MOTH	IER'S MAIDEN	NAME					
	Benjan	nin Gray			Na	rciss	a Bow	en				
15	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES (If yes give war ar dates			. INFORMANT	Ī		Addr	ess			
1	No.	(11 yes give war ar dates	2	19-36-826	Lol	a Bow	ren P:	rince .	Frede	rick	., 1	Md.
		EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUS	ouse per line for E (a)	(a), (b), and (c).) ntratrochan	teric	frac	ture 1	eft h	i.p		AND D	
	Conditions, if any	, which gave )	(b) Oì	structive	Colon	Carc	inoma			7	-23	3-66
	rise to immediate stating the under		E TO									
Г	lost.	)	(c) C a	ardiovascul	ar Re	nal D	isease			10	ves	ars
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED T	O THE TERMINA	AL DISEASE CO	NDITION GIVEN	IN PART I(o)			AS AUTO REORME	
CERTIFICATION			20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter natur	e of injury in	Part I or Port I	l of item 18.)				
MEDICAL	20c. TIME OF INJ Hour a.i	10	While	Not While f	LACE OF INJUR actory, street, a			(City or town)	(Cou	ınty)	(	Stote)
	21. I certif	y that I taak char	ge of the ren	nains described abave,	held an Au	tapsy 🔲,	Inspection	n . Inqi	uiry 🔲,	and in	my i	apinian
	death resul	ted fram: 1 Natu	gal causes	], Accident [], Si	uicide	Hamicide	Unc	determined m	nanner [	]		
	ACTUAL 7	1 / 1 / I	11 9	1 1		CHIEF MEDICAL	EXAMINER 2	[2	-11-	66 00	DATE	CIONED
l	SIGNATURE	6 00		<u> </u>	M.D.		DICAL EXAMINER		r-TT-	00 22.	DAIL	SIGNED
	EXAMINER'S NAME (Type)	Hugh W. W	ard, M	.D.		DEPUTY MEDIC Address (Stree	AL EXAMINER t, city, town, or	county)				
23	Bo. BURIAL CREMATION			23c. NAME OF CEMETERY C				TION (City or To	wn	(County)	(\$1	tate)
	REMOVAL (Specify		-10	Central (	neteri	,	Bak	stow-	Calma	rt	/	nd.
1	24. FUNERAL DIRECTO		o n	ate ADDRESS / Serv	341	REST REC	D. BY REGISTRA	25b R	EGISTRAR'S SI	IGNATURE		1-1-
1/	Takk.	Been Q	14.3	ments - 1	c h	INUV	1 4 196	b 1700	lances	Jus	20	

20

A LOUIS SECTION ASSESSMENT OF THE PARTY OF T

Market Committee of the Committee of the

5 (1 the 5 the 5

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13	2042			CEKIIFICA	AIE	UF DEATH				154	37	
	ACE OF DEATH					2. USUAL RESIDENCE (	Where dec			ence befor	e odmissio	n)
0.	COUNTY	vert		MARYLAND		o. STATE Marv	land	b. COU	C	alve	ert	
b.	CITY OR TOWN (If	outside corporate limits.		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If or			RAL ond gi	ve neore:	t town)	
Pr	write RURAL and	give negrest town) rederick		4 days		St.	Leor	nard		03	//	
		L OR INSTITUTION (If not in	hospital, g			d. STREET ADDRESS			777		e. IS RESID ON A FA	ENCE
	Calvert	County Ho	spit	al			-	-			YES X	
	AME OF	First		Middle		Lost	4. DATI	Mon	th	Doy	Уес	ır
	ype or print)	Rut	h	Elizabet	h	Jett	OF DEAT	тн 1	1	1	19	66
S. SE	71		MARRIED			. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	_
d' on	nale	White	WIDOWED	DIVORCED [		7-29-16	12	lost birthdoy)	Months	Doys	Hours	Min.
10o. L	JSUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)		ITIZEN OI		10
during	g most of working li	ie, even if retired)	IN	DUSTRY He me.		Maryla	nd		(	OUNTRY?	. A .	
	FATHER'S NAME		-	119176		14. MOTHER'S MAIDEN						
(	Thomles	Edward St	offo	nd		Susan F	leher	ca Tuck	er			
		IN U.S. ARMED FORCES?			17. 11	NFORMANT	10000	Addr				
		If yes give wor or dotes of se	ervice)	5-46-3809			ett	St. Le	onan	a 1	Vionz	lan
_	140					EWIS II.	1	DU. DE	Ullai		ERVAL BET	
	PART I. DEATI	ATH (Enter only one couse H WAS CAUSED BY:	per line for	(0), 10), ond (C).)	TO	Bire	/~	Marbabe	com		ISET AND D	
	101	IMMEDIATE CAUSE (o)		micana		5 (10000		140-1	-	-		
	Conditions, if ony,	DUE TO	/	7. 0	13	wat.						
	rise to immediate	couse (a)		0//		war,						
	stoting the under	1 0		<i>Y</i>								
1 4	last.	) (c)						DATE OF BARY AND		110	MAZAC ALITZ	DCV
No	PART II. OTHER SIG	NIFICANT CONDITIONS CONT	RIBUTING	TO DEATH BUT NOT RELATED	10 1	HE TERMINAL DISEASE CO	NDITION G	IVEN IN PART I(0)			WAS AUTO PERFORM	
E L										У	ES	NO X
E .	20o. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (	Enter noture of injury in	Port I or I	Port II of item 18.)				
	(IF EITHER, NOTIFY A			WILLIAM OCCUPATION TO	Di . c	T OF INITION (II)	7.00	(Cia	10	'aumatus'		Sanda)
MEDICAL	20c. TIME OF INJU Hour o.m	RY Month, Doy, Yeor				E OF INJURY (Home, for ory, street, office bldg., etc.		. (City or town)	(0	ounty)	(	(Stote)
×	p.m	. 19	of wor	k L ot work L			<b>'</b>			, ,		
	21. I certify that (f) (this hospital) attended the deceased fram Oct. 28, 1966, ta Nov. 1, 1966, that (I) (we) las saw the deceased alive an Nov. 1, 1966, and that death accurred at 1:15PM, fram causes and an the date stated above											
			-	19.66, and	that	death accurred a	11:15	M, fram causes				l abav
61	220. SIGNATURE	Fillare	1)			ATTENDING	MED.	STAFF C	_	DATE SIGI		
	17	200000			M.D	PHYS.	DIRECTOR	PHYS. L	7 ]	1-1	-66	
	22c. PHYSICTAN'S NAME (Type)	Dahamba	a 17:	77000007	3.6	22d. ADDRESS	T	2//		3		
-	invite (1 lbe)	Roberto d			М.			nard, Ma				
230.	BURIAL, CREMATION REMOVAL (Specify)	1		23c. NAME OF CEMETERY		. / 1		LOCATION (City or To	own)	County	(5	tote)
	Kerriah	NOU.4,1	966	Waters Men	we	al Cemetor	5	t. Leona su	A las		(0, 1	nd.
24.	FUNERAL DIRECTOR		mo	ADDRESS ADDRESS		250. BEC	D BY REGI		EGISTRAR'S	SIGNATU	RE	
Ne.	A. Haren	ress + Jon,	De	ATTPERABLE	3,	MA. DATE U	V	1966	way	LOD )	and a	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HÖSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or ottending physician.

Radian High Control of the Control o

And the second

Control of the Control of Mellon

## FOR STATE HEALTH DEPT.

delay is

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MEDICAL EXAMINER:

ond 2 with the State Department of event within 72 haurs after death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File and remarking or remarked and Health or its designated agent, prior to burial, crematian, or removal,

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	4573	3		- 1	MEDIC	AL EXA	MINER'S	CERTIF	ICATE O	F DEA	TH		1:	543	8		
	LACE OF DEATH	lvert					MARYLAND	2. USUAL o. STAT	RESIDENCE (W		osed lived,	if institut b. COUI	s den s	alver		n)	
b	CITY OR TOWN (	If outside corp	orote limits	5,		LENGTH OF S		c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)									
	write RURAL and give nearest town) Prince Frederick								St.	Leona	rds			14.1	/		
d	NAME OF HDSPIT					street oddress	s)	d. STREET	ADDRESS					16	. IS RESID	ENCE	
	Ca	lvert	Coun	ty F	Iospit	a1								)	DN A FA	NO	
D	AME OF ECEASED ype or print)			ARY		Middl	8	PAR		4. DATE OF DEAT	7	Mont		Doy 3	Yea 19 6		
S. S		6. COLOR O	R RACE	7. MA	RRIED	NEVER MA	RRIED X	B. DATE OF	BIRTH		9. AGE (In	yeors	IF UNDER		IF UNDER		
F	ema1e	Negi	0	WID	OWED [	] DIV	ORCED	July	17.1	146	lost bir	rndoy) yrs.	Months	Doys	Hours	Min.	
	USUAL OCCUPATION of working DOMES L	life, even if ret			10b. KIND INDUS	OF BUSINESS TRY	OR	11. BIRT	HPLACE (Sfote Mary					ITIZEN OF OUNTRY?	WHAT		
13.	FATHER'S NAME							14. MOTH	ER'S MAIDEN N								
	Webste:	r Pa	rran					Loto	lora	Bean	l						
15.	WAS DECEASED EVE	R IN U.S ARMI	D FORCES?	é convier	16. SOC	IAL SECURITY	NO. 17	INFORMANT				Addre	ess				
(1.02	, no, or unknown)	(ii yes give wi	or or doles o	11 201 AICE				Webst	er Pa	rran	-St	·Le	onar	ds:	Мд		
	Conditions, if ony rise to immediat stating the under lost.	IH WAS CAUSI IMMED , which gove e couse (o), rlying couse	ED BY: IATE CAUSE DUE DUE	(o) <u>C</u> C TO (b) TO (c)	Rheu	tive H	eart E heart	diseas	e.						RVAL BETV ET AND DI		
AIION	PART II. OTHER SI	GNIFICANT CO	nditions (	ONTRIB	JTING TO I	DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE CON	IDITION GIV	VEN IN PAR	T 1(o)			WAS AUTO PERFORME S 🔀 1		
22	20o. EXTERNAL (A PRIMARY ☐ or CO CAUSE OF DEATH.				20b. DESCR	IBE HOW INJU	RY OCCURRE	). (Enter notur	e of injury in f	Port I or Po	ort II of iter	n 1B.)					
MEDICA	20c. TIME OF INJU Hour o.r p.r	n.	oy, Yeor 19		While of work	Not While of work			Y (Home, form ffice bldg., etc.)		(City or	town)	(C	ounty)	2)	Stote)	
	21. 1 certif	y that I to	ok charge	e of th	ne remgi	as describe	d abave, l	neld o <u>n Au</u> t	opsy 🔀,	Inspec	tian 🔲,	Inqu	Jiry ,	and	in my o	opinior	
	death result	ted from:	Natura	ıl caus	es 🗚,	Accident	, Su	itcide,	Homicide		Jndeterm	ined m	anner [				
	ACTUAL SIGNATURE	(0	harle	. 5	Est	2		M.D.	SSISTANT MEDI	CAL EXAMI	NER X			2	2. DATE S	SIGNED	
	EXAMINER'S NAME (Type)	Char	les S	. Pe	etty	1			DEPUTY MEDICA Address (Street,		_	)			11/4/	/66	
23o.	BURIAL, CREMATIC		DATE THE	REOF		23c. NAME DF	CEMETERY D	R CREMATORY		23d. l	OCATION (	ity or To	wn)	(County)	12)	ote)	
	REMOVAL (Specify	1	1-7-6	56		Brook	s C.	Cem.		13	land		eek	Cal	. Mc	3	
24.	FUNERAL DIRECTO		N - mile	7	D	ADDRESS inc	Fred.	Md.	2So. REC'D		1		GISTRAR'S	- 59	197		
	Pinkne	y E.	Seme!	L	11	LHC .	PICUS	Lilia .	DATE NO	JV 7	196	6	ocho	rees	Judy	LL.	

executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

	45439		CERTIFICAT	E OF DEATH		154	39
	D. COUNTY	alvert	MARYLAND	2. USUAL RESIDENCE (When o. STATE MARS	e deceased lived, if institute the court		efore odmission)
-		f outside corporate limits, give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUI	RAL and give ne	arest town)
1	rince	Freder		6001	テわ5,	<u> </u>	80-4
2	alver	AL OR INSTITUTION (If not	in hospital, give street address)  ng /+ome	d. STREET ADDRESS	rewood	AUC.	e. IS RESIDENCE ON A FARM? YES NO
-	NAME OF DECEASED (Type or print)	Hele.	n Sanner	Steer 4.	DATE Mont	bu, 2	Day Year 2 3 19 6 6
S. 5	SEX F	6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  1-31-189	9. AGE (In years lost birthday)	Months Day	
	. USUAL OCCUPATION ng most of working		10b. KIND OF BUSINESS OR INDUSTRY Jome	11. BIRTHPLACE (County & Sto	ate, or foreign country)	12. CITIZEN COUNTR	
13.	FATHER'S NAME	?	Sanner	14. MOTHER'S MAIDEN NAMI	5		
IS. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of s	16. SOCIAL SECURITY NO. 17. 216-36-23230 M	R. Llogd, G. Ne.	Allister 217	E Joyat Ballen	de St n md
	IB. CAUSE OF DI PART I. DEAT	ATH (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (a	per line for (a) (b), and (c).)	ua			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, rise to immediat		(000000	ma 9	Lary	zx	2
	stoting the under						
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Part	l or Part II of item 1B.)		
MEDICAL	20c. TIME OF INJU Hour a.r p.r	10		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	saw the d	fy that (I) (this haspi eceased alive an	tal) attended the deceased fram_ 1- 21 19_66, and the	tharch, 19 (at death accurred at <u>10</u>	66, to 11-2 215 M, fram causes	and an the o	date stated aba
	220. SIGNATURE	C/ED	/ N		O. STAFF PHYS.	22b. DATE S	11GNED -23-66
	NAME (Type		C. Jett, M. D.	22d. ADDRESS rinc			K, Md
K	BURTAL, CREMATIC REMIOVAL (Specify	e 11-25	-1966 Drud Co	de Cemetery	23d. LOCATION (City or To	Boll	inty) (State)
24.	FUNERAL DIRECTO	Burks &	30 llemore In	MO		GISTRAR'S SIGNA	

trains over the property of the pelitimoral relations of the property of the property of the period (1846) garage and the contract of the last